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## BIB DATA SHEET

CONFIRMATION NO. 9794

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                         |                               |
|--|---|---|---------------------------------|--|-------------------------|-------------------------------|
| 10/578,672   | 05/09/2006  | 435   | 1645                            | BJS-3665-178   |                         |                               |
| <b>RULE</b>  |   |   |                                 |  |                         |                               |
| <b>APPLICANTS</b><br>Annelies Resink, Heverlee, BELGIUM;<br>Magali Rouquette, Toulouse, FRANCE;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR04/02892 11/10/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 0313275 11/13/2003<br>FRANCE 0314486 12/10/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>09/07/2007 |   |   |                                 |  |                         |                               |
| Foreign Priority claimed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after<br>Allowance | <b>STATE OR<br/>COUNTRY</b>     | <b>SHEETS<br/>DRAWINGS</b>                                   | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
| 35 USC 119(a-d) conditions met   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after<br>Allowance | <b>STATE OR<br/>COUNTRY</b>     | <b>SHEETS<br/>DRAWINGS</b>                                   | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
| Verified and<br>Acknowledged   | /NINA ARCHIE/<br>Examiner's signature   | NAA<br>Initials                                 | BELGIUM                         | 0  | 11                      | 4                             |
| <b>ADDRESS</b><br>NIXON & VANDERHYE, PC<br>901 NORTH GLEBE ROAD, 11TH FLOOR<br>ARLINGTON, VA 22203<br>UNITED STATES  |   |   |                                 |  |                         |                               |
| <b>TITLE</b><br>Identification of Diagnostic Markers for Communicable Subacute Spongiform Encephalopathies   |   |   |                                 |  |                         |                               |
| <b>FILING FEE<br/>RECEIVED</b><br>1100   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                                 | <input type="checkbox"/> All Fees                            |                         |                               |
|  |   |   |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                         |                               |
|  |   |   |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                         |                               |
|  |   |   |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                         |                               |
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